

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		8/1/99
O.I.P.E. CLASSIFIER		72223	7-4-99
FORMALITY REVIEW	<i>[Signature]</i>		6-15-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	1/4/5/17/2/2/10/
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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9	✓
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50	✓

Claim	Date
Final Original	
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions
 staple additional sheet here